

Bureau of Health Care Quality and Compliance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN285AGC | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/12/2010 |
| NAME OF PROVIDER OR SUPPLIER MAR-VON SENIOR CARE | | STREET ADDRESS, CITY, STATE, ZIP CODE 300 LA RUE AVE RENO, NV 89509 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| Y 000 | <p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 10/12/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received the grade of B.</p> <p>The facility is licensed for 18 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was 14. Ten resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed.</p> <p>The following deficiencies were identified:</p> | Y 000 | | |
| Y 070 SS=D | <p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.</p> <p>This STANDARD is not met as evidenced by: Based on record review on 10/12/10, the facility failed to ensure that 1 of 4 caregivers received eight hours of annual training (Employee #2).</p> | Y 070 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| Y 070 | Continued From page 1 Severity: 2 Scope: 3 | Y 070 | | | |
| Y 105 SS=C | 449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 10/12/10, the facility failed to ensure 1 of 4 caregivers met background check requirements (Employee #4 - fingerprints were taken more than 10 days). Severity: 1 Scope: 3 | Y 105 | | | |
| Y 255 SS=F | 449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division. | Y 255 | | | |

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| Y 255 | <p>Continued From page 2</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review on 10/12/10, the facility failed to ensure the kitchen complied with the standards of NAC 446.</p> <p>Findings include:</p> <p>1. Cleaning and Sanitation Issues:</p> <p>a. Vegetable oil was stored on boxes and potatoes/onions were stored on milk crates in the dry storage room.</p> <p>b. A scoop was improperly stored in the rice container located in the dry storage room.</p> <p>c. A kitchen cutting board was worn and excessively used.</p> <p>d. A wet wiping cloth was not stored in sanitizer.</p> <p>e. A spray bottle with bleach solution, located in the kitchen, was over concentrated >200 parts per million.</p> <p>f. The following non-food contact surfaces were soiled with kitchen and food debris: the interior reach-in refrigerator fan, the top of the dishwasher, reach-in freezer ice build-up, and the top of the reach-in freezer.</p> <p>g. Two mops were improperly stored in the dry storage room and basement areas.</p> | Y 255 | | | |

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| Y 255 | Continued From page 3 2. Equipment and Maintenance Issues: a. Kitchen stove was household grade. Severity 2: Scope 3 | Y 255 | | | |
| Y 321 SS=D | 449.220(2)(a)(b) Bedroom Doors - Single Motion Locks NAC 449.220 2. A bedroom door must not be equipped with a deadbolt lock or chain stop unless the door opens directly to the outside of the facility. The doors of a bedroom and the doors of the closets in the bedroom may be equipped with locks for use by residents if: (a) The doors may be unlocked with a single motion from inside the bedroom or closet without the use of a key. (b) The doors of the bedrooms may be unlocked from outside the room and the keys are readily available at all times. This Regulation is not met as evidenced by: Based on observation on 10/12/10, the facility failed to ensure the locks on 2 of 10 bedroom doors could be opened with a single motion. Severity: 2 Scope: 1 | Y 321 | | | |
| Y1020 SS=D | 449.2766(1) Chronic Illness Training | Y1020 | | | |

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| Y1020 | <p>Continued From page 4</p> <p>NAC 449.2766 1. Within 60 days after being employed by a residential facility for persons with chronic illnesses, an employee of the facility shall obtain at least 4 hours of in-service training related to the care provided to such persons and in the actions necessary to control infections.</p> <p>This Regulation is not met as evidenced by: Based on record review on 10/12/10, the facility failed to ensure that employees of the facility received at least 4 hours of training related to the care provided to persons with chronic illness (Hepatitis C) and in the actions necessary to prevent and control infections (Resident #5).</p> <p>Severity: 2 Scope: 1</p> | Y1020 | | | |

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